Race-Based Traumatic Stress Disorder: Art Therapy and Yoga

A Literature Review

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By

Cassandra M. Sawyer

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Chair: Meg Whiston, PhD

Reader: Katie Kinzer, MA

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Abstract

Individuals experience traumatic events throughout their lives. Sometimes, the traumatic event causes clinically significant reactions, and individual may be diagnosed with Posttraumatic Stress Disorder. Individuals of color can sometimes experience similarly significant reactions to racism, however do not meet the diagnosis of Posttraumatic Stress Disorder based on the current diagnostic criteria in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. This paper explores different forms of racism, and their effects. Additionally, this paper explores the common elements that promote and support healing. A holistic approach that addresses the elements that promote healing is discussed and is informed by Individual Psychology, art therapy, and yoga.

Keywords: art therapy, critical race theory, epigenetics, microaggressions, posttraumatic stress disorder, posttraumatic slave disorder, race-based trauma, regulation, somatics, yoga.

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Dedication

This thesis is dedicated to the men and women of color lost to police brutality, and the communities that are still finding healing.

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Trauma

When a traumatic event occurs, the way in which an individual thinks, feels, and responds is unique (Levine, 2008). Levine (2008) stated "these responses depend upon genetic make-up, an individual's history of trauma, even his or her family dynamics" (p. 8). Levine (2008) also reported "trauma is about loss of connection – to ourselves, to our bodies, to our families, to others, and to the world around us" (p. 9).

Levine (2008) stated an individual's "genetic make-up" is one of the contributing factors to that individual's response to a threatening event (p. 8). Williams, Metzger, Lein, and DeLapp (2018) report there are hereditable alterations in enzymes that can be caused by trauma. DeGruy (2005) argued that historical trauma can alter your genetic make-up, which in turn can influence how you respond to threatening events. It is also reported that these genetic predispositions can lead to an increased likelihood of developing mental health symptoms, "maladaptive stress responses," and changes in hormone regulation (Williams et al., 2018, p. 245).

Posttraumatic Stress Disorder

The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM–5;* American Psychiatric Association, 2013) defines Posttraumatic Stress Disorder as "exposure to actual or threatened death, serious injury, or sexual violence" followed by negative symptoms including: recurrent thoughts, recurrent dreams, dissociation, psychological stress, negative changes in cognition or mood, and/or changes in arousal levels (p. 271).

The DSM-5 is a manual that "classifies and categorizes diagnoses and symptoms of mental illness and addiction" (Dhar, 2013). Dhar (2013) discussed the power that the DSM-5 is given in the psychology field and stated "its ubiquitous influence has earned it the name 'the

Bible of psychiatry','' (para. 1). Dhar (2013) also noted there is controversy within the field regarding how much power the DSM-5 should be given.

The DSM-5 specifies that certain diagnostic criteria do "not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related," (American Psychiatric Association, 2013, p. 271). However, studies have shown that there are adverse effects on African American people when they are subjected to reports of racial violence through news and other electronic media (Moran, 2018). Moran (2018) reports "exposure to one or more police killings within a three-month period was associated with a 0.35-day increase in poor mental health days," (para. 2). The results of this study concludes "police killings of unarmed black Americans could contribute 1.7 additional poor mental health days per person per year, or 55 million excess poor mental health days per year among black American adults in the [United States]," (Moran, 2018, para. 8). Additionally, Moran (2018) states "adverse mental health effects were not observed among white respondents and resulted only from police killings of unarmed black Americans (not unarmed white Americans or armed black Americans)," (para. 2). Coleman (2016) argued "the Diagnostic and Statistical Manual of Mental Disorders (5th ed.) criteria for PTSD do not take into account the effects of intergenerational trauma, discrimination, or racism," (p. 561). The full diagnostic criteria for Posttraumatic Stress Disorder is listed in Appendix A.

An example that illustrates how the DSM does not adequately serve every population is social commentary from rapper Meek Mill in the song Trauma (Williams, 2018, track 2). In the second verse of Trauma, it is theorized that the artist is responding to the killing of Stephen Clark in 2018 (Lyric Genius, 2018). In the verse Meek Mill states:

Ain't no PTSDs, them drugs keep it at ease

They shot that boy 20 times when they could've told him just freeze

Could've put him in a cop car, but they let him just bleed

The ambulance, they coming baby, just breathe

That's what the old lady said when she screamed (Williams, 2018, track 2).

In an interview regarding his album Championships, Meek Mill discusses how he does not feel a diagnosis of PTSD adequately reflects the experiences that he and others in his community have faced (Breakfast Club Power 105.1 FM, 2018). He explains that oftentimes while an individual may seek prescription medications to cope with witnessing and experiencing trauma, their trauma may still not be fully comprehended (Breakfast Club Power 105.1 FM, 2018). He also states "you can't go to court and be like, 'your honor, I was carrying this gun because 50 people in my neighborhood got killed when I was young and I got Posttraumatic-Stress Disorder'," (Breakfast Club Power 105.1 FM, 2018). He continues to explain how the judicial system does not validate those experiences, and then states if "you come from the army or something like that, then it makes sense. But from our community, if you come talking that talk, that's like a foreign language" (Breakfast Club Power 105.1 FM, 2018).

Bor reports that some of the negative effects that can arise when an African American person is exposed to reports of police brutality can include "heightened perceptions of threat and vulnerability, lack of fairness, lower social status, lower beliefs about one's own worth, activation of prior traumas, and identification with the deceased" (as cited in Moran, 2018, para. 3). Williams et al. (2018) criticize the DSM-5 and state "conceptualizing PTSD as the result of a single traumatic event provides an incomplete understanding of the disorder" (p. 244). Furthermore, "cumulative effects of multiple traumas increase the likelihood of a pathological response to future traumatic exposure" (Williams et al., 2018, p. 245).

Individuals who have experienced trauma may also experience changes in their neurobiology, (King, 2016; King, 2018). Trauma can cause "disturbances in self-regulatory processes," (Williams et al., 2018, p. 245). Williams et al. (2018) report "hormones involved in effective and adaptive stress response, are dysregulated for individuals who have been significantly affected by traumatic events" (p. 245).

Regulation: The Fight, Flight or Freeze Response System

Individuals who have experienced trauma have changes in the activation of their nervous system (Helsel, 2015). Traumatic events create biological changes in the nervous system by increasing stress hormones, which activate the fight or flight response system (Helsel, 2015; King, 2016; King, 2018). Stress hormones and the fight or flight response system are meant to protect humans when they experience a threat, however this system can fail when the threat is constant and the fight or flight response is activated long-term (Helsel, 2015; King, 2018). When in excess, Cortisol, one stress hormone, creates disturbances in information processing, eating, sleeping, sexual arousal, and saliva (Helsel, 2015). Individuals who experience trauma can also experience "triggers" that cause their bodies to experience activation in the nervous system, similar to the activation that occurred in the initial traumatic event or events (Helsel, 2015, p. 684). This process is not always conscious to the individual due to how trauma is stored in the body (Helsel, 2015). Additionally, the effects of trauma can include "structural and functional changes in the developing brain," (King, 2016, p. 42). Butts (2002), Coleman (2016), DeGruy (2005), and Hipolito-Delgato (2018) argue African Americans have changes in their genes, as well as social changes that have occurred because of the trauma stored in their bodies. Additionally, Williams et al. (2018) report "individuals' experience of environmental stress as it

relates to their ethnic identity has the potential to produce a trauma reaction, which is then passed on to subsequent generations" (p. 245).

Race-Based Traumatic Stress

Coleman (2016) named several different theories to "address the intergenerational effects of trauma" including: "posttraumatic slave syndrome, second-generation trauma, historical trauma, and transgenerational transmission of trauma," (p. 561). Currently, there is no clinical diagnosis specific for the effects of race-based trauma, but the diagnosis most consistent with the symptoms of race-based trauma that exists today would be Posttraumatic Stress Disorder (Butts, 2002). Although the DSM-5 includes other cultural-based trauma diagnoses in the "glossary of cultural concepts of distress" section, none of the listed concepts of distress would properly describe the effects on race-based traumatic stress (American Psychiatric Association, 2013, pp. 833-837). Butts (2002) reported that one issue with understanding the impacts of racism is that the studying of this topic is very limited due to the tendency to "deny, minimize, and rationalize the existence of racism," (p. 336). Additionally, Butts (2002) reported, often times, the effects of racism are hard to diagnose because they do not always clearly meet the diagnostic criteria of PTSD per the DSM.

Levine (2008) reported that prior to extensive research, individual's understood trauma as being limited to "soldiers who have been devastated by war, victims or severe abuse or violence, and those who have suffered catastrophic accidents and injuries" (p. 8). Butts (2002) discussed another difficulty with conceptualizing race-based trauma from a clinical standpoint, and reported:

> The range and intensity of emotional responses varies from mild to overwhelming, and the duration of such responses varies from days to months or years. With a fair degree of

> frequency, black individuals who experience racial discrimination report symptoms consistent with a diagnosis of PTSD, even though the DSM-IV requires, for the diagnosis, that the symptoms follow exposure to extreme traumatic stress. (p. 337)

Additionally, aside from negative mental health symptoms, Hipolito-Delgado (2018) found racism can cause negative physical health symptoms such as "increased abdominal fat, higher glucose levels and larger waist circumference." (para 5). Levine (2008) also reported how "over time, a series of seemingly minor mishaps can have a damaging effect on a person" (p. 8). The keyword for Levine (2008) is "seemingly" when speaking to race-based traumatic stress because of covert racism, microaggressions, and systematic oppression.

Challenges of Studying the Effects of Racism

One challenge with addressing racism is that sometimes it can be hidden, "subtle, and subjective," (Hipolito-Delgado, 2018, para. 14). Additionally, racism is an internalized and interpersonal experience (Williams et al., 2018). Racism comes in different forms including but not limited to: overt racism, covert racism, microaggressions, and systematic oppression, (Ginwright, 2018; Hipolito-Delgado, 2018; Williams et al., 2018). Each of these forms has its own degree and severity of violence that is inflicted on the victim (Williams et al., 2018).

Overt racism. Some acts of racism are more noticeable and agreed upon as being a direct behavior caused by an individual's prejudice (Ikuenobe, 2011). Overt racism is a direct, conscious, and deliberate form of prejudice based on race, and is carried out in obvious ways (New South Wales Department of Education and Training, 2005). Moore (2017) reported that racism is engrained into American culture and history ranging from "slavery, to Jim Crow laws, to segregation, to today's not-so-invisible hands guiding housing and education policy, the wage gap, health disparities, how banks give loans," (para. 5). A research study by Enge, Lee, and

Tran (2009) found statistical significance that personal bias and stereotypes inform even hypothetical scenarios that demonstrate instances of overt racism.

Covert racism. Covert racism is sometimes considered to be "every day racism" in the way that it can include "vague remarks, insults, disrespectful behaviors," (Williams et al., 2018, p. 247). Covert racism "expresses racist ideas, attitudes or beliefs in subtle, hidden or secret forms," (New South Wales Department of Education and Training, 2005, p. 1). Additionally, covert racism is indirect, and may not always "appear" to be racist because of its subtlety (New South Wales Department of Education and Training, 2005, p. 1).

Williams et al. (2018) report "although covert racism may fall outside the *DSM–5'*s criteria for possible traumatic experiences, there is strong evidence that it causes significant stress and over time inflicts psychological and physiological damage on members of minority groups" (p. 247). Additionally, Williams et al (2018) bring attention to DSM-5 diagnostic criterion A and report that is does not acknowledge or address "the experience of covert racism as a Criterion A traumatic event, with appropriate and empirically supported instrumentation, race-based traumatic stress may yet be acknowledged as contributable to an authentic (and thus diagnosable and treatable) form of PTSD" (p. 247).

Microaggressions. Microaggressions are a form of implicit bias (Gushue & Hinman, 2018). An individual may feel an experience is dismissed, ignored, or softened by others when it comes to subjective forms of racism such as a microaggression (Hipolito-Delgado, 2018). Williams et al. (2018) report "the experience of ongoing micro-aggressions may begin to reshape individuals' perceptions of themselves, their ethnic group, and the benevolence of the world, leading to low self-esteem, psychological distress, and even suicidal ideation" (p. 244). Gushue and Hinman (2018) state "A critical feature of microaggressions is their invisible nature, so that

the bias of the comment is unacknowledged by the individual making the statement, contributing to its insidiousness" (p. 143).

Systematic oppression. Ginwright (2018) states communities that have been disproportionately affected by trauma require a solution that addresses the "collective harm" that has happened, instead of taking an approach that isolates that experience. Proper trauma-informed care addresses the root cause of collective trauma (Ginwright, 2018, para. 7). Additionally, Ginwright (2018) reports "by only treating the individual we only address half of the equation leaving the toxic systems, policies and practices neatly intact," (para. 8) Ginwright (2018) also states that black men are disproportionately affected by racial profiling and discusses scenarios such as "driving while black" and "shopping while black" (p. 370).

George (2015) reviewed current events in America and discussed how many Americans are being affected by the increase of cases of fatal police brutality in America against unarmed black men and women. George (2015) reported:

> From the fatal chokehold of Eric Garner in New York City last year and the bloody arrest in March of University of Virginia student Martese Johnson to the horrendous massacre of nine congregants attending Bible study in a Charleston, S.C., church in June, it is clear that African-Americans are under attack. If you're feeling frightened, isolated or angry—or think you have to tiptoe around the office to avoid a racial encounter—you're not alone.
>
> While what you're experiencing may seem to be a reaction to recent events, your emotions and actions could, in fact, be rooted in the past. (paras. 4-5)

Post Traumatic Slave Syndrome

Historical trauma has been researched through the lens of epigenetics in other populations such as those who have survived the Holocaust, Japanese internment camps, Irish famines, and the Native American people (Coleman, 2016; Williams et al., 2018). DeGruy (2005) argued that this historical approach should also be applied to African Americans. DeGruy (2005) developed the term "Post Traumatic Slave Syndrome" (PTSS). George (2015) summarized PTSS as a term "to help explain the consequences of multigenerational oppression from centuries of chattel slavery and institutionalized racism, and to identify the resulting adaptive survival behaviors" (para. 6).

Through examining African American culture, DeGruy (2005) stated it may be suggested by social scientists that this culture, behavior, and stereotypes, often-which can be considered negative, "destructive, and maladaptive" are influenced by the media (p. 16). Additionally, some Black scholars may attribute culture, behavior, and stereotypes to "music videos and movies" (DeGruy, 2005, p. 13). DeGruy (2018) urges instead of conceptualizing this phenomenon from a deficit-based outlook, to examine it through a lens that is critical of the traumatic experiences that have occurred. For example, the first line of the verse in Meek Mill song (Williams, 2018, track 2) was discussed in the interview with Breakfast Club 105.1 FM (2018) regarding how some may believe he is referring to self-medication. However, the artist explains that this is a misconception and sometimes it is necessary to be prescribed medications to cope with the trauma that is experienced. DeGruy (2005) suggested that the perceived negative cultural traits should instead be considered through a lens that examines American history to "understand how African Americans adapted their behavior over centuries in order to survive the stifling effects of chattel slavery" (p. 13).

DeGruy (2005) believed these phenomena are "in large part related to trans-generational adaptations associated with the past traumas of slavery and on-going oppression" (p. 13). Williams et al. (2018) report that there is a genetic pre-disposition to developing PTSD and other mental health disorders from having ancestors who have experienced trauma. DeGruy (2005) encouraged a historical, evolutionary lens to understand how, "in spite of the oppressive conditions," African Americans have endured, and passed "on their phenomenal powers of resilience and adaptability" (p. 16). DeGruy (2005) stated, to begin healing, "it is essential that we build upon these strengths in ways that will sustain and advance future generations" (p. 16).

Current Events Can Trigger Historical Recollections

Critical Race Theory is an approach that uses social science to understand the intersections of "race, racism, and society," (Meghji, 2018, para. 1). Aymer (2016) uses Critical Race Theory to create a link between the violence from slavery, through Jim Crow, to the violence in the present day with current police brutality. Additionally, Aymer (2016) reported the current violence black men face can be triggering, and that "ongoing fatalities and violence due to how unarmed Black men are policed in America are palpable and elicit historical memories of how the practice of lynching affected Black men," (p. 368). Aymer (2016) then discussed how current police brutality against black men and women can be triggering to lynchings in the 1960's. Von Drehle (2015) introduced high profile cases of police brutality such as the losses of Walter Scott, Eric Garner, and Michael Brown. Aymer (2016) expanded on the cases introduced by von Drehle (2015) and further described how "dead Black male bodies are left on street corners in American cities (similar to how Black bodies were left hanging on trees during the era of lynching) for hours after they are shot by the police" (p. 369). Aymer

(2016) reported that violence against black bodies was used as a form of social control stemming from slavery.

In addition to the cases of unarmed men of color who were victims of fatal police brutality including Walter Scott, Eric Garner, and Michael Brown; Ross (2018) introduces the cases of Stephon Clark and Philando Castille. The Minneapolis organization MDP150 conducted a review of the police force over the past 150 years and reported "people of color are being disproportionately pulled over" in traffic stops on "flimsy pretexts" (MPD150, 2017, p. 28). The American Civil Liberties Union (2015) reported people of color are almost nine times more likely to be pulled over, as compared to white people, for these types of traffic stops. Additionally, MPD150 (2017) remarked that this is not solely an annoyance to marginalized groups, but this can also be dangerous and sometimes fatal, as in the case of Philando Castille.

The community began to move organically towards healing by creating artwork as a way to respond, cope, and heal from the loss of Philando Castille to police brutality (Ross, 2018). Ross (2018) reports:

> The artworks began arriving soon after a St. Anthony police officer fatally shot him nearly two years ago, the aftermath captured and narrated by his girlfriend in livestream video that transfixed the world. The art kept coming. Paintings, drawings, posters. A pair of handmade teddy bears. (paras. 2-3)

Artwork was sent to Castille's mother, and his mother felt called "to share the artworks with more Minnesotans so that they, too, might be comforted," (Ross, 2018, para. 5). As a result, an art exhibit titled "Art and Healing: In the Moment" at the Minneapolis Institute of Art was launched (Ross, 2018, para. 7). The art exhibit was said to showcase "All the good and the

bad and the beauty and the trauma. All of it together," by reflecting the experiences of the community (Ross, 2018, para. 11).

Healing

Ginwright (2018) promotes fostering healing instead of treating symptoms, and states "just like the absence of disease doesn't constitute health, nor the absence of violence constitute peace, the reduction pathology (anxiety, anger, fear, sadness, distrust, triggers) doesn't constitute well-being (hope, happiness, imagination, aspirations, trust)" (para. 9). Ginwright (2018) promotes a "healing-centered" approach instead of a "trauma-informed" approach, and reports:

> A healing centered approach views trauma not simply as an individual isolated experience, but rather highlights the ways in which trauma and healing are experienced collectively. The term *healing centered engagement* expands how we think about responses to trauma and offers more holistic approach to fostering well-being. (para. 10)

Additionally, a healing centered approach "re-centers culture as a central feature in wellbeing" (Ginwright, 2018, para. 11). Healing centered approaches aim to address the needs of the individual by empowering them instead of viewing them as victims of their traumatic experiences (Ginwright, 2018). Ginwright (2018) continues to explain how this approach "comes from the idea that people are not harmed in a vacuum, and well-being comes from participating in transforming the root causes of the harm within institutions," (para. 12). Ginwright (2018) lists the following four key points regarding healing centered engagement: it is political; it is culturally grounded and views healing as the restoration of identity; it focuses on the desired well-being rather than the suppression of symptoms; and it supports adult providers in their own healing.

DeGruy (2005) offered seven key points to promote healing to individuals who are affected by PTSS. The seven key points include the following: knowing ourselves; healing from injuries past; building self-esteem; taking control of our inner world; racial socialization; telling the truth about the world; and leadership (DeGruy, 2005).

Some common themes appear when researching beneficial ways to navigate healing including: using somatic approaches, taking a healing-centered approach, having a sense of agency, using a strengths-based approach, empowerment, and addressing the internal biological and neurobiological responses, looking at the larger social picture, using creativity, and providing validation, (Aymer, 2016; Butts, 2002; DeGruy, 2005; Farhi, 1996; Ginwright, 2018; Helsel, 2015).

Utilizing somatic approaches. Aymer (2016) discussed the therapeutic difficulties for helping those heal from race-based traumatic stress because talk therapy alone does not solve the systematic and societal issues that these individuals are facing. Helsel (2015) promoted an approach that included "somatic experiencing" as one of the most helpful methods for healing after trauma (p. 682). Additionally, a feeling of safety and the ability to self-regulate are important aspects of healing (Helsel, 2015). The term "clearing" is used to describe when an individual can discuss the content of their traumatic memories and be regulated enough to avoid activating the fight or flight response system (Helsel, 2015, p. 683). Farhi (1996) reported that yoga is one somatic approach that can assist those who are experiencing Posttraumatic Stress to find relief. Art therapy is also an approach that utilizes sensory-motor functioning (King, 2016; King, 2018).

Taking a healing-centered approach. Ginwright (2018) promotes fostering healing instead of treating symptoms, and states "just like the absence of disease doesn't constitute

health, nor the absence of violence constitute peace, the reduction pathology (anxiety, anger, fear, sadness, distrust, triggers) doesn't constitute well-being (hope, happiness, imagination, aspirations, trust)," (para. 9). Ginwright (2018) promotes a "healing-centered" approach instead of a "trauma-informed" approach, and reports:

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Ginwright (2018) states the importance of approaching healing with a lens of trauma-informed care. Trauma-informed care can be defined as a form of holistic healing that views individuals as more than their symptoms and behaviors. However, trauma-informed care as it is

currently understood possesses some limitations including how individuals may sometimes be viewed from a "deficit-based" approach by attributing a traumatic life experience onto an individual's identity (Ginwright, 2018, para. 6). In viewing trauma from a deficit-based lens, it focuses on trauma as a pathology instead of focusing on healing for the individual who has survived this trauma (Ginwright, 2018).

Finding agency. DeGruy (2005) stated being strong, industrious, creative, just, forgiving, spiritual, loving, and hopeful are "some of the components of" African Americans' "true nature" (p. 183). It is argued that African American people have "forgotten" their own "nobility" and "greatness" (DeGruy, 2005, p. 183). DeGruy (2005) argued it is necessary that African Americans "come to understand ourselves and have that understanding permeate us to our very core, for such a deep understanding will make healing from our wounds that much more complete" (p. 183).

Taking a strengths-based approach. DeGruy (2005) stated in order to heal from past injuries, it is necessary for African Americans to "build upon our strengths," including "inner fortitude, resilience, and endurance" (p. 183). DeGruy (2005) also suggested using the strengths of "industriousness and creativity," "innate sense of justice," "proclivity for acceptance," and "spirituality," (p. 183). It is suggested that help from outside the African American community will be necessary to complete the work of healing from past injuries (DeGruy, 2005).

Empowering the client. DeGruy (2005) discussed many negative stereotypes and views of African American people and reported those stereotypes have influenced and affected the way African Americans view themselves. DeGruy suggested it is important to show "evidence to the contrary" and to also have African Americans work on building their "own self-esteem as well as the self-esteem of our children" (p. 184). DeGruy reported that African Americans can "address

these falsehoods" by taking a strengths-based approach instead of observing the community from a "deficit perspective" (p. 188). The two main components of building self-esteem include contributing positive value to society, and then being conscious and aware of the value that is being contributed (DeGruy, 2005). Similarly, Butts (2002) reported "there is a lack of sophistication regarding the adaptive nature of the formation of symptoms and that a symptom simultaneously represents a mechanism of constructive adaptation to the effects of stressors as well as (in the extreme) a maladaptive response to the effect of stressors" (p. 336).

Addressing internal regulatory responses. It has been found the "ability to manage and control" emotions at a later stage in life is "profoundly" effected by the exposure "to stress early on" in life (DeGruy, 2005, p. 188). Levine (2008) is in agreement and reported when an individual becomes traumatized, the "ability to respond to a *perceived* threat is in some way overwhelmed" (p. 9). Cortisol, a stress hormone, can make it difficult for the human brain to function properly and think clearly and rationally (DeGruy, 2005). Additionally, cortisol can inhibit the neural connections that make higher brain functioning possible (DeGruy, 2005). When the human brain is experiencing levels of stress, it can cause the "lower brain functions [to] take over and the 'fight or flight' survival behaviors to become prominent" (DeGruy, 2005, p. 189). Studies have found cortisol can be passed through the placenta of pregnant women to their babies, and DeGruy (2005) reported "the effects of this stress hormone begin before they are even born" (p. 188).

To take control of one's inner world during times of stress, DeGruy (2005) suggested an individual find ways to make decisions with her rational mind by: removing oneself from the stressor and waiting for emotions to pass; taking steps to correct errors; following 'proper

grievance procedures' if applicable; using another individual as an advocate, or determining whether the situation needs "time and attention at all" (p. 160).

Understanding racial socialization. DeGruy (2005) stated "Americans are socialized to believe in the American dream," and explained:

> America is the land of opportunity: a land in which anyone can, with hard work and ingenuity accomplish anything; a land in which even a person from the poorest of backgrounds can one day grow up to be President. They are socialized to believe they live in a country in which the ideals of equality, liberty and justice for all reign supreme. They are socialized to believe that America is the best country in the world and that Americans are the best people. Most Americans believe themselves to be the most caring, most just, most industrious and most generous people in the world. And most Americans are socialized to believe that white is better. (p. 192)

DeGruy (2005) considered the American dream to be an "illusion" and stated "we need to replace America's racist socialization with racial socialization" (p. 193). Racial socialization can be defined as "the process whereby we come to know our strengths, understand the world in which we live, and position us to thrive" (DeGruy, 2005, pp. 193-194).

Validation. DeGruy (2005) stated it is beneficial to educate individuals and help them understand that racism and racist acts exist and show and explain how these manifest in daily life of people who experience it. DeGruy (2005) continued to explain "racial socialization can be a process whereby individuals are taught how to identify and deflect the potential negative effects of assaults, overt as well as covert" (p. 194). DeGruy (2005) suggested it is important to teach African American children about the "strengths of their family and culture, along with the reality of discrimination and racism," because it "gives them tools to emotionally and psychologically

filter racist assaults against them personally and against black people as a group" (p. 196). DeGruy (2005) explained it is not helpful to "pretend the problem of racism no longer exists," and it is important to explain this to children because "we should not send them unprepared onto a racially charged battlefield ignorant of the mental, emotional, and social landmines that await them" (p. 197).

Additionally, Butts (2002) reported that treatment for severe cases of race-based traumatic stress should include "active psychotherapeutic and psychopharmacologic care" (p. 337). Individual Psychology is one psychotherapeutic approach to healing (Ansbacher & Ansbacher, 1956). Using an Individual Psychology approach can incorporate many of the healing techniques listed above including using empowerment, building upon strengths, and using movement (Griffith & Powers, 2007).

Individual Psychology

Alfred Adler is the founding father of Individual Psychology (Ansbacher & Ansbacher, 1956). Adler incorporated techniques to understand patients including "explaining the patient to himself, the therapeutic relationship, and special aspects and techniques of treatment," (as cited in Griffith & Powers, 2007, p. 1). Adler uses the idea of "holism" to understand a person in their entirety and believed "the whole is greater than the sum of its parts" (Griffith & Powers, 2007, p. 55). Adler discussed how there are many factors that contribute to one's inner personality, but also how there are "social and historical" influences as well (as cited in Griffith & Powers, 2007, p. 55). Some of the concepts from Individual Psychology that play a role in the development of this larger whole include: lifestyle, the life tasks, social interest and community feeling, striving and movement, viewing the client as the expert, and early recollections (Griffith & Powers, 2007).

Lifestyle

The term "lifestyle" in Adlerian psychotherapy and Individual Psychology is synonymous with the term "personality" in other schools of psychotherapy (Griffith & Powers, 2007, p. 63). An individual's "style of living" is a combination of "(a) the person's characteristic way of operating in the social field; (b) the basic convictions concerning self, others and the world actively maintained in the person's schema of BIASED APPERCEPTION; and (c) the person's self-created GOAL of perfection, or SELF IDEAL," (Griffith & Powers, 2007, p. 63). Per Dreikurs, Adler prioritized an understanding and "investigation of the client's past and present life situations and the client's LIFESTYLE," (as cited in Griffith & Powers, 2007, p. 1). Included in the concept of Lifestyle, exogenous factors can also be investigated; these factors are "a challenge, a shift or an interruption" that is "outside of, and independent of one's own agency" (Griffith & Powers, 2007, p. 34). These factors can influence and affect personality (Griffith & Powers, 2007). According to Ansbacher and Ansbacher (1956), Adler believed a person's lifestyle is created in childhood. DeGruy (2005) stated there are racial experiences African American children face that teach them "that somehow this world does not belong to black boys and girls, but it does belong to the little white children" (p. 10). These experiences are examples of the lifestyle of young African American children influenced by early experiences of racism.

Ginwright (2018) reports that in order for an individual to heal, it is important to be able to examine and analyze the additional policies and practices that have contributed to trauma in order to avoid internalization and self-blame. Individual Psychology refers to this process of examining an individual's life as a "lifestyle assessment" (Powers & Griffith, 2007).

Life tasks. "Adler observed that, by virtue of being born, each human being is confronted by three unavoidable tasks" (as cited in Griffith & Powers, 2007, p. 64). The three life tasks Adler observed include the social task, the work task, and the love task (as cited in Griffith & Powers, 2007). With the progression of Adler's work, Mosak and Dreikurs (1967) suggested two additions that have been generally accepted. These include the "self" life task, and the "spiritual" life task, giving a total of five life tasks (Foster, Steen, O'Ryan, & Nelson, 2016).

Social Interest and Community Feeling

Griffith and Powers (2007) stated the terms "social interest" and "community feeling" are "unsatisfactory English language translations of Adler's German term *Gemeinschaftsgefühl,"* (p. 11). This term explains how individuals understand how they belong to the community and environment, as well as "an UNDERSTANDING of his or her responsibility for the way the life of the community is being shaped by his or her actions" (Griffith & Powers, 2007, p. 11). An individual must possess a level of empathy and understanding of others to be able to have social interest for others.

Ginwright (2018) quotes Howard Thurman and comments "as long as a man [woman] has a dream, he [she] cannot lose the significance of living" (para. 19). Additionally, Ginwright (2018) discusses the importance of building the capacity for empathy as a way to foster and promote growth and healing in individuals who have experienced trauma.

Striving and Movement

The concept of "striving for superiority" can be thought of as moving on "two planes of movement," which are "horizontal" and "vertical" (Griffith & Powers, 2007, p. 56). Horizontal striving is moving on an equal plane of movement as another individual (Griffith & Powers, 2007). Griffith and Powers (2007) stated "horizontal movement proceeds on the strength and

confidence in the processes of growth, development, and solidarity with others, minimizing contentiousness and competitive striving" (p. 56). Vertical striving is moving in a way that is trying to gain "prestige and status" (Griffith & Powers, 2007, p. 56). Griffith and Powers (2007) stated:

> vertical movement proceeds from SAFEGUARDING attitudes and isolating ambitions of 'getting ahead' so as to not be 'falling behind' others AS IF in a struggle for limited resources, minimizing the values of BELONGINGNESS and feelings of mutual respect and engagement (p. 56).

In the context of racism, Ikuenobe (2011) reported "White racism toward blacks is founded on the belief about the inherent inferiority of blacks and superiority of whites. Racism in this sense involves a vertical and asymmetrical relationship between a superior white race and an inferior black race," (p. 162)

Early Recollections

Griffith and Powers (2007) defined early recollections as memories of a "single, specific incident in childhood which the individual is able to reconstitute in present experience as mental images or as focused sensory memories" (p. 26). Additionally, early recollections are "understood dynamically" in a way in which "the act of recollecting and remembering is a present activity, the historical validity of which is irrelevant to present PURPOSE" (Griffith & Powers, 2007, p. 26). Early recollections are "considered to be a projective technique" and are believed in Individual Psychology to "mirror" present day "CONVICTIONS, evaluations, attitudes, and biases," (p. 26). Early recollections can give insightful information during lifestyle assessments (Griffith & Powers, 2007).

DeGruy (2005) provided examples of how early experiences in life can play a role in the development of an individual's lifestyle. DeGruy (2005) used an example from her personal life and a similar experience she observed of a nine-year-old child in a bank where she, and the child, were both told that they could not run and play although they could see other white children doing so. DeGruy reported the internalized message was:

> Without explicitly saying so, the black mother sent a message to the children and the message was, 'little white children can safely run and play but you cannot because it is not okay or safe for you.' These experiences teach black children that somehow this world does not belong to black boys and girls, but it does belong to the little white children, (p. 10)

Individual Psychology and Trauma

Adler suggested personality is created in childhood (as cited in Griffith & Powers, 2007). Additionally, experiences in early childhood can change how an individual's body responds to difficult situations in the future (Levine, 2008). One effect of trauma is the loss of connection (Levine, 2008). Additionally, Adler believed that the base of suffering was separation from others through lack of social interest, and loss of a sense of connection (as cited in Ansbacher & Ansbacher, 1956). Additionally, Adler reported:

> An unveiled and direct attack of violence is unpopular and would no longer be safe. Thus, when violence is to be committed this is frequently done by appealing to justice, custom, freedom, the welfare of the oppressed, and in the name of culture (as cited in Ansbacher & Ansbacher, 1956, p. 456).

Some pioneers in the field of art therapy, including Sadie Dreikurs, have taken an approach that also incorporates the concepts of Individual Psychology to foster growth and healing in clients (Dreikurs, 1976).

Art Therapy

The American Art Therapy Association (AATA) defines art therapy as "an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship," (American Art Therapy Association, 2017, para. 1). Art therapy is provided by a professionally trained Art Therapist, and aims to meet predetermined therapeutic goals through art making and the creative process (American Art Therapy Association, 2017). Art therapy can be used to "improve cognitive and sensorimotor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change," (American Art Therapy Association, 2017, para. 2). Art therapy focuses not on the aesthetic or final product created, but on the learning and insight gained throughout the creative process (Hinz, 2009a). Art therapists use a theoretical foundation called the Expressive Therapies Continuum (ETC) to inform their practice (Hinz, 2009a).

Expressive Therapy Continuum

Per Kagin and Lusebrink, the Expressive Therapies Continuum (see figure 1) is a "means to classify interactions with art media or other experiential activities in order to process information and form images" (as cited in Hinz, 2009a, p. 4). Additionally, the ETC "organizes media interactions into a developmental sequence of information processing and image formation from simple to complex" (Hinz, 2009a, p. 4). The ETC is a tool that "provides a

common theoretical foundation based on quality art media, expressive styles and creative activities (Hinz, 2009a, p. 18). The ETC informs art therapists, and other creative arts therapists, to "decide the appropriate media for clients and under what circumstances their use will be therapeutic" (Hinz, 2009a, p. 4).

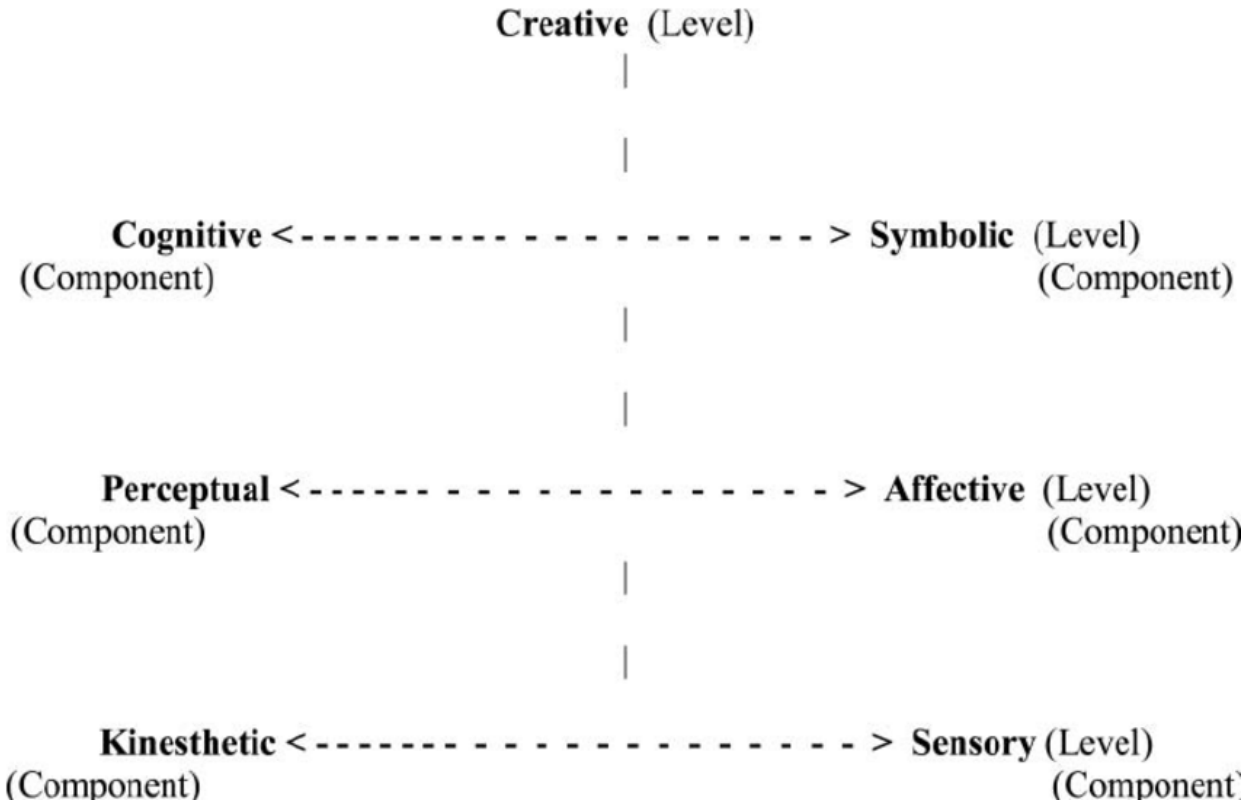

Figure 1. The Expressive Therapies Continuum (Hinz, 2009b, p. 5)

The ETC is designed in a developmentally "hierarchical fashion" however no level is superior to another (Hinz, 2009a, p. 5). The ETC has four levels, with the first three levels being "bipolar or complimentary," in terms of brain functioning (Hinz, 2009a, p. 5). Per Hinz (2009a), the left hemisphere of the brain "processes information in an organized, sequential, and linear fashion," (p. 7). In comparison, the right hemisphere of the brain processes "emotional and conceptual information" (Hinz, 2009a, p. 7). Per Edwards and Riley, the right hemisphere additionally makes "spiritual connections" (as cited in Hinz, 2009a, p. 7).

The first level of the ETC includes the Kinesthetic component, which corresponds to left hemisphere brain functioning, and the Sensory component, which corresponds to right hemisphere brain functioning (Hinz, 2009a). The second level of the ETC includes the Perceptual component, which corresponds to left hemisphere brain functioning, and the Affective component, which corresponds to right hemisphere brain functioning (Hinz, 2009a). The third level of the ETC includes the Cognitive component, which corresponds to left hemisphere brain functioning, and the Symbolic component, which corresponds to right hemisphere brain functioning (Hinz, 2009a). The fourth level of the ETC is the Creative level, which "can occur at any single level of the ETC or can represent the integration of functioning from all levels" (Hinz, 2009a, p. 5). Hinz (2009a) stated "a well-functioning individual is able to process information on all levels and with all components or functions of the Expressive Therapies Continuum" (pp. 13-14).

The American Art Therapy Association (2017) stated art therapy uses "integrative methods" to engage "the mind, body, and spirit in ways that are distinct from verbal articulation alone" (para. 7). Additionally, "kinesthetic, sensory, perceptual, and symbolic opportunities invite alternative modes of receptive and expressive communication, which can circumvent the limitations of language. Visual and symbolic expression gives voice to experience, and empowers individual, communal, and societal transformation" (American Art Therapy Association, 2017, para. 7).

Kinesthetic. Experiences within the Kinesthetic component include activities in which individuals use "rhythm, movement, and the release of energy" (Hinz, 2009a, p. 42). Examples of experiences within the Kinesthetic component include "pounding, pushing, scratching, stabbing, smashing or rolling clay, pounding nails into wood, cutting, scribbling, splashing paint,

and tearing paper" (Hinz, 2009a, p. 43). Knitting has been found to be a kinesthetic activity that provides therapeutic benefits (Duffy, 2007). Some benefits from knitting include: creating group cohesion, self-soothing, an increase in self-esteem, empowering personal choice, and providing a lifelong skill (Duffy, 2007).

Sensory. Per Lusebrink, experiences within the Sensory component focus on "both the internal and external sensations that are experienced through interaction with various media" (as cited in Hinz, 2009a, p. 59). Hinz (2009a) stated "the Sensory component includes information from visual, auditory, gustatory, olfactory, and tactile channels" (p. 59).

Perceptual. The Perceptual component utilizes "figurative aspects of mental imagery and emphasizes the formal elements of visual expression" (Hinz, 2009a, p. 79). Hinz (2009a) explained the Perceptual component includes "visual language" in the form of "line, color, form, size, direction, and other visual elements" (p. 79). While working on the Perceptual component, clients must use both verbal language, and a visual language to describe what they are thinking and feeling (Hinz, 2009a). This process also allows clients to take an objective approach to their projective artwork (Hinz, 2009a).

Affective. Per Taylor, Bagby, and Parker, "*Affect* is a word used to describe the multidimensional construct of emotional states that include cognitive, experiential, and neurophysiological input" (as cited in Hinz, 2009a, p. 101). In relationship to the ETC, "affect" refers to "the emotion aroused in the individual and accessed and expressed by him or her through interaction with art media" (as cited in Hinz, 2009a, p. 101). An individual working with an art therapist can trust the therapist to use art in a way that helps "access emotions" and gain insight to "a more direct expression of feelings" (Hinz, 2009a, p. 101). Additionally, art

therapists may provide their clients with psycho-education to better help them understand their emotions (Hinz, 2009a).

Cognitve. Kagin and Lusebrink reported the process of complex thought includes "abstract concept formation, analytical and logical thought processes, reality-directed information processing, cognitive maps, and the use of verbal self-instructions in the performance of complex tasks" (as cited in Hinz, 2009a, p. 123). The Cognitive Component uses conscious intent by the client to come to conclusions, make decisions, plan, and problem solve (as cited in Hinz, 2009a). Hinz (2009a) stated "art therapy with the Cognitive component can be one way in which clients learn to generalize beyond concrete experiences" (p. 126). Additionally "art therapy can aid in reframing problematic abstract thoughts such as the core beliefs related to psychological problems," (Hinz, 2009a, p. 126). Some examples of directives that could be used to elicit change with the Cognitive component include: "*predictive drawing, drawing from observation, and drawing from imagination using stimulus drawings*" (Hinz, 2009a, p. 128). Additional directives could include: stimulus drawing technique, topic-directed collage, pro and con collages, drawing a floor plan of a childhood home, a lifeline, cognitive maps, abstract family collages, or problem-solving collages (Hinz, 2009a).

Symbolic. The Cognitive component and the Symbolic component work closely together (Hinz, 2009a). Hinz (2009a) stated "the Symbolic component is concerned with intuition and idiosyncractic or mythic thought" (p. 145). Per Kagin and Lusebrink, the Symbolic component also uses "metaphoric representation, synthetical thought, and the expression and resolution of symbols" (as cited in Hinz, 2009a, p. 145). Additionally, Kagin and Lusebrink stated, oftentimes, the information expressed within this component is unknown to the creator (as cited in Hinz, 2009a). Kagin and Lusebrink also stated "symbols are multidimensional and often

contain repressed kinesthetic, sensory, and affective aspects as well as obvious visual images" (as cited in Hinz, 2009, p. 145).

Creative. Many researchers have studied creativity (Hinz, 2009a). Within the ETC, the Creative level "encompasses more than the use of cognitive processes; it refers to both the synthesizing and self-actualizing tendencies of the individual" (as cited in Hinz, 2009a, p. 169). Kagin and Lusebrink outlined three forms of "fusion" that synthesis takes into account "during the artistic experience" including: "the synthesis of inner experience and outer reality, the synthesis between the individual and the media utilized, and the synthesis between the different experiential and expressive components of the ETC" (as cited in Hinz, 2009a, p. 170). Levine (2008) stated "the healing process can be a catalyst for profound awakening—a portal opening to emotional and genuine spiritual transformation" (p. 10). The function of the Creative component of the ETC has been linked to Maslow's concept of "self-actualization" (Hinz, 2009a, p. 170). The Creative level of the ETC is considered to have a significant healing function because of its ability to help the individual come to a point of self-actualization (Hinz, 2009a). "Art therapy can support self-actualization by providing experiences that model, teach, and support spontaneity and openness in expression as well as courageousness in confrontations with the unknown" (Hinz, 2009a, p. 171).

Art Therapy and Trauma

Riley and Schore stated infants and children "process information without words through sensory channels" and as a result, their early experiences "are stored on the right side of the brain (as cited in Hinz, 2009a, p. 59). Klorer and Malchiodi therefore both agree that "right-brain memories, including early childhood trauma, are most effectively accessed through sensual nonverbal expressive art therapy experiences (as cited in Hinz, 2009a, p. 59).

A study reported that "An estimated 39% of individuals diagnosed with PTSD have used one or more integrative treatments to find symptom relief," (Justice, Brems, & Ehlers, 2018). Holistic sensory-motor approaches including art therapy and yoga have been found to relieve symptoms of traumatic stress and regulate arousal in the nervous system (Justice et al., 2018; King, 2018).

Yoga: A Sensory-Motor Approach

Yoga is a complex practice sometimes considered to be an Eastern "integrated lifestyle science," (Brems et. al, 2016, p. 121). Yoga can sometimes be misunderstood as just a physical posture practice, however, yoga is a system that includes eight "traditional aspects" called limbs of yoga, (Brems et al., 2016, p. 121). The eight limbs of yoga include: Ethical life choices (i.e. the yamas), personal observances (i.e. the niyamas), posture practices (i.e. asana) , breathing exercises (i.e. pranayama), sense withdrawal (i.e. pratyahara), concentration practices (i.e. dharana), meditation (i.e. dhyana) , and absorption (i.e. samadhi) (Brems et. al., 2016).

Most Western researchers focus on the physical aspects of yoga, including the breath and posture practices (i.e. asana and pranayama) (Brems et al., 2016). There is a biological response that positively affects the human body when an individual takes a full diaphragmatic breath (Farhi, 1996). Taking full breaths stimulates the entire body by massaging organs, and bringing in "new blood, fluids, and oxygen," (Farhi, 1996, p. 53). Farhi (1996) reported "subjectively this free movement in the inner body also allows for communication between the rational/thinking aspect of ourselves and our instinctual/animal nature" (p. 53). There are also negative health benefits when individuals are not breathing properly such as tension in the neck, shoulders, back, and head; and heart diseases such as hypertension and increased risk of heart attack (Farhi,

1996). Brems et al. (2016) found practicing yoga by incorporating all of the eight limbs results in significant "emotional, interpersonal, and health benefits," (p. 127).

Some researchers have also researched meditation and mindfulness (i.e. Dhyana) (Brems et al., 2016). Hinz (2009a) discussed mindfulness in the context of art therapy, however it is also an element of yoga (Brems et al., 2016). Mindfulness "encourages an exclusive focus on present sensation" (Hinz, 2009a, p. 66). Additionally, mindfulness allows "sensory (and emotional) input to come and go without thought or judgment attached to it" (Hinz, 2009a, p. 66).

Helsel (2015) suggested using a "somatic therapy" methodology to treat trauma (p. 283). SomaYoga is a unique style of therapeutic yoga that blends "Somatics, Traditional Therapeutic Yoga and Classic Asana,"(YogaNorth, 2017, p. 22). Brems et al. (2016) reported Yoga Therapists "are cognizant that yoga as a healing strategy goes beyond posture practices," (p. 123). It is important to note that because of the nature of the physical practice of yoga, and how it can activate the regulatory system, a trauma-informed yoga practice would be beneficial to those experiencing trauma related symptoms (Justice et al., 2018).

Trauma-Informed Yoga

DeGruy (2005) suggested yoga as one coping skill to promote a way to maintain balance, because "the more balance we can have in our lives, the less likely we will be to react emotionally, and the longer we can remain calm" (p. 191). Justice et al. (2018) state "individuals who suffer from trauma-related symptoms are a unique population that could benefit from the mind-body practice of yoga—or have their symptoms reactivated by it, depending on the type of yoga" (p. 39). Justice et al. (2018) suggested a Trauma-Informed Yoga (TIY) approach be used with this population. The benefits of Trauma-Informed Yoga can help individuals alleviate their trauma symptoms "by creating a safe, tailored practice for students to learn how to respond,

rather than react, to symptoms and circumstances," (Justice et al., 2018, p. 39). Justice et al. (2018) reported

> Findings revealed that TIY needs to emphasize beneficial practices (e.g., diaphragmatic breath and restorative postures), consider contraindications (e.g., avoiding sequences that overly engage the sympathetic nervous system), adapt to limitations and challenges for teaching in unconventional settings (e.g., prisons, VA hospitals), and provide specialized training and preparation (e.g., specialized TIY certifications, self-care of instructors/therapists, adaptations for student needs). (p. 42)

Discussion

Elements that promote healing include: using somatic approaches, taking a healing-centered approach, having a sense of agency, using a strengths-based approach, empowerment, addressing the internal biological and neurobiological responses, looking at the larger social picture, using creativity, and providing validation, (Aymer, 2016; Butts, 2002; DeGruy, 2005; Farhi, 1996; Ginwright, 2018; Helsel, 2015). A holistic approach that addresses those elements should incorporate Individual Psychology, art therapy, and trauma-informed yoga (American Art Therapy Association, 2017; Brems et al., 2016; DeGruy, 2005; Dreikurs, 1976; Duffy, 2007; Farhi, 1996; Foster et al., 2016; Hinz, 2009a; Justice et al., 2018; King, 2016; King, 2018; Ross, 2018).

In his discussion of prejudice, Adler reported that individuals who are attacked based on a physical quality "must consider the attack on the account" of this physical trait to be "a sign of stupidity on the part of the one who launches it" (as cited in Ansbacher & Ansbacher, 1956, p. 455). Adler also reported that an attack "takes place only if the object of the attack lends himself to it," and suggested the victim "must understand that he is not there to serve as a target for the

others in letting them irritate him. It is the same all through life; if someone shows irritation, the attack persists" (as cited in Ansbacher & Ansbacher, 1956, p. 455). Adler began discussing the oppression of Jewish and African American people, however transitioned and gave examples of red-haired children being teased because of their hair color (as cited in Ansbacher & Ansbacher, 1956). Adler's discussion of oppression does not take into account the more recent political climate and the nuances and difficulties that oppressed communities currently face, including racial profiling, discriminatory job hiring practices, and racial inequities in the judicial system. Oftentimes it is not possible for victims of this type of oppression to simply avoid this irritation, and as discussed by MPD150 (2017), even the events that may first seem to be an annoyance at first (e.g. being pulled over) can quickly become fatal.

A holistic approach to healing that incorporates and combines principles from Individual Psychology, art therapy, and yoga is noteworthy. As an additional component to this literature review, an eight-week group therapy curriculum that involves yogic philosophy (i.e. the Yamas and the Kleshas); yoga breathing exercises (i.e. pranayama) and posture practice (i.e. asana); art therapy directives; psycho-education on trauma and race-based trauma; and group discussion is included. This approach addresses the healing aspects found through this literature review because both art therapy and yoga are holistic, somatic and sensory-motor approaches, which are beneficial to healing from traumatic stress (Brems et al., 2016; Farhi, 1996; King 2016; King 2018). Additionally, Tripp reported "yoga, Eye Movement Desensitization and Reprocessing (EMDR), body-based therapies, neurofeedback, and mindfulness meditation are among the recommended practices now being utilized to keep the mind, brain, and body fully engaged in the present rather than trapped in the traumatic past" (as cited in King, 2016, p. 173). Using trauma-sensitive yoga is an effective way to facilitate healing by encouraging and empowering

the individual, addressing the internal responses to regulate an individual, and promoting horizontal striving (Justice et al., 2018). In addition, a healing centered and strengths-based art therapy approach is an effective way to facilitate healing because it can promote an examination of lifestyle, encourage self-reflection, review early recollections, provide a space for validation, build agency and empowerment, help to regulate the individual, and provide a creative outlet for the client. This approach would be powerful in a group setting. In addition, a group setting is an effective way to facilitate healing because it creates social interest, promotes community feeling, and offers validation for each member through shared experiences (Dreikurs, 1976).

Implications for Practice

There are negative effects on African Americans after instances of police brutality, resulting in traumatic stress (Moran, 2018, para 8.). Bor calls for the need of interventions "to reduce the prevalence of these killings and to support the mental health of communities affected when they do occur" (as cited in Moran, 2018, para. 8). There is a call to investigate the "broader health impacts of police violence and advance the challenge to confront racial health inequities as products of racism" (Moran, 2018, para. 13). One such health inequity is the disproportionate representation of mental health practitioners of color (Aymer, 2016). In order for bonding, necessary for the therapeutic relationship to occur, clients must feel their therapist can understand their experiences with the various forms of racism (Babu, 2017). This is a difficult challenge for practitioners who are not of color to accomplish (Babu, 2017).

There is a call for initial intake evaluations to assess for racially based experiences (Wade, 2005). Suggested revisions in the clinical diagnostic criteria of Posttraumatic Stress Disorder to include criteria addressing symptoms due to race-based trauma need consideration.

In working with individuals who have experienced race-based traumatic stress, holistic approaches and sensory-motor modalities should be recognized, equally, with talk therapy.

Recommendations for Future Research

Williams et al. (2018) report there is currently a call from several scholars "for the *DSM* to expand its criteria to include traumas resulting from racism and oppression" (p. 247). There is also a call for further empirically based measurement tools to identify racial trauma, and diagnose its impact (Williams et al., 2018). Williams et al. (2018) also report this limitation "often leaves authentic racial trauma reactions misdiagnosed as depression or substance use, or clinically disregarded altogether" (p. 247)

Brems et al. (2016) reported a lack of research studying yoga as the eight-limb system, and that it has "typically not been presented in the broader context of yogic practices, but rather are represented as independent practices in their own right" (p. 123). Additionally, Brems et al. (2016) reported "it is unclear whether restricting research to asana and pranayama is due to a limited perception of yoga or if physical practices are more easily quantified for research purposes" (p. 123). Research that addresses yoga as an entire system of health and science would be beneficial to the field. Hipolito-Delgado (2018) called for further research and stated that the "full impact of internalized racism will remain unknown until additional research is conducted," (para. 28).

Conclusion

It is common to experience a traumatic event (DeGruy, 2005). Some individuals may develop clinically significant symptoms in functioning and be given a diagnosis of Posttraumatic Stress Disorder (American Psychiatric Association, 2013). The regulatory fight or flight system serves to manage our neurobiology (King, 2018). Sometimes, when individuals experience

constant stress, this system malfunctions and results in dysregulation (King, 2018). Experiencing instances of racism can result in similar symptoms to Posttraumatic Stress Disorder (DeGruy, 2005). There is no current diagnosis of race-based traumatic stress in the DSM-5 (Williams et al., 2018). Studying racism is nuanced because it presents in many forms, has a pervasive nature, and is extremely prevalent in American culture (DeGruy, 2005; Ikuenobe, 2011). Helpful elements for healing trauma include: using somatic approaches, taking a healing-centered approach, having a sense of agency, using a strengths-based approach, empowerment, addressing the internal biological and neurobiological responses, looking at the larger social picture, and providing validation, (Aymer, 2016; Butts, 2002; DeGruy, 2005; Farhi, 1996; Ginwright, 2018; Helsel, 2015). Many of these elements are addressed through Individual Psychology (Griffith & Powers, 2007). Currently, the field of psychology cannot properly treat victims of race-based trauma because of the exclusivity of diagnostic definitions (Williams et al., 2018). However, effective care for these individuals may include holistic and sensory-motor modalities, such as art therapy and yoga (Brems et al., 2016; Farhi, 1996; King, 2018). Additionally, art therapy and yoga both address the biological and neurobiological effects of trauma to appropriately heal (Brems et al., 2016; Farhi, 1996; King, 2016; King, 2018). A holistic approach to healing that incorporates and combines principles from Individual Psychology, art therapy, and yoga is a way forward.

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Appendix A

Diagnostic Criteria for Posttraumatic Stress Disorder Per DSM 5

Posttraumatic Stress Disorder

Diagnostic Criteria 309.81 (F43.10)

Posttraumatic Stress Disorder

Note: The following criteria apply to adults, adolescents, and children older than 6 years. For children 6 years and younger, see corresponding criteria below.

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).

2. Witnessing, in person, the event(s) as it occurred to others.

3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.

4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains: police officers repeatedly exposed to details of child abuse).

Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).

Note: In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.

2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).

Note: In children, there may be frightening dreams without recognizable content.

3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)

Note: In children, trauma-specific reenactment may occur in play.

4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or

more) of the following:

1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," 'The world is completely dangerous," "My whole nervous system is permanently ruined").

3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.

4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).

5. Markedly diminished interest or participation in significant activities.

6. Feelings of detachment or estrangement from others.

7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.

2. Reckless or self-destructive behavior.

3. Hypervigilance.

4. Exaggerated startle response.

5. Problems with concentration.

6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.

G. The disturbance causes clinically significant distress or impairment in social, occupational,

or other important areas of functioning.

H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

Specify whether:

With dissociative symptoms: The individual's symptoms meet the criteria for posttraumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

1. Depersonalization: Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).

2. Derealization: Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted).

Note: To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts, behavior during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

Specify if:

With delayed expression: If the full diagnostic criteria are not met until at least 6 months after the event (although the onset and expression of some symptoms may be immediate).